OMB APPROVAL

	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION	OMB NUMBER: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response
Name	of Offering (check if this is an amendment and name has changed, and indicate change.)	
Series	B Convertible Preferred Stock	
-	Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ■ Rule 506 □ Section f Filing: ■ New Filing □ Amendment	1 4(6) □ ULOE
	A. BASIC IDENTIFICATION DATA	A
1. Ente	er the information requested about the issuer	
Name o	of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Minter	a Corporation	
Addres	s of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
35 Nag	og Park, Acton, MA 01720	978-635-1380
	s of Principal Business Operations (if (Number and Street, City, State, Zip Code) ht from Executive Offices)	Telephone Number (Including Area Code)
Brief D	escription of Business:	
Provid	er of optical networks for ultra-high-speed transmission	PROCECOEN
	f Business Organization	- HOOTOGED
	poration	other (please specify):
□ bus	iness trust	1 11 -500
Actual	or Estimated Date of Incorporation or Organization 08 00 ■ Actual □ Estim	nated THOMSUN

GENERAL INSTRUCTIONS

FORM D

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 USC 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

When to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires a payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDENTIFICATION DATA							
2.	Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.							
Check	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	■ Director	☐ General and/or Managing Partner		
Full N	ame (Last name first, if individual)							
	, Terence F.							
Busine	ess or Residence Address	(Number and S	Street, City, State, Zip Co	de)				
c/o M	ntera Corporation, 35 Nagog Pari	k. Acton, MA)1720					
	Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full N	ame (Last name first, if individual)		· · · · ·					
	ss or Residence Address	(Normhan and G		1-1	-			
Dusin	ess of Residence Address	(Number and S	Street, City, State, Zip Co	de)				
c/o M	intera Corporation, 35 Nagog Parl	k, Acton, MA()1720					
Check	Box(es) that Apply:	□ Promoter	☐Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner		
Full N	ame (Last name first, if individual)							
M	Iomes P. I.							
	ay, James B., Jr.	(Number and S	treet, City, State, Zip Coo	le)				
20111	So of Residence Address	(. various and s	arout, only, otato, zap coo	,				
	intera Corporation, 35 Nagog Par	k, Acton, MA(
	Box(es) that Apply:	□ Promoter	□ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner		
Full N	ame (Last name first, if individual)							
McGi	nn, Richard							
	ess or Residence Address	(Number and S	treet, City, State, Zip Coo	le)				
	_							
	intera Corporation, 35 Nagog Parl							
	Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner		
ruii N	ame (Last name first, if individual)							
Metca	dfe, Robert							
Busin	ss or Residence Address	(Number and S	Street, City, State, Zip Co	de)				
olo M	intona Composition 35 None - Box	le Anton MA 4	01710					
	intera Corporation, 35 Nagog Par Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner		
	ame (Last name first, if individual)	L Homoter	Denencial Owner	Laccative Officer	■ Director	Ocheral alluot Maliagling Fatther		
	(2001 1001)							
	Gerald L.							
Busin	ess or Residence Address	(Number and S	Street, City, State, Zip Co	de)				
c/o M	 intera Corporation, 35 Nagog Par	k. Acton. MA	01720					
	Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner		
Full N	ame (Last name first, if individual)							
	Robin	(Niumbar and	Street City State 7:- Co	.4a\				
Dusin	Business or Residence Address (Number and Street, City, State, Zip Code)							
c/o M	o Mintera Corporation, 35 Nagog Park, Acton, MA 01720							
	Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	■ Director	☐ General and/or Managing Partner		
Full N	ame (Last name first, if individual)							
*** "	T. G							
	er, Lawrence G.	(Number and	Street City State 7:- C	ode)				
Dusin	susiness or Residence Address (Number and Street, City, State, Zip Code)							
c/o M	intera Corporation, 35 Nagog Par	k, Acton, MA	01720					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENT	TIFICATION DATA					
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Mikkelsen, Benny								
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)					
c/o Mintera Corporation, 35 Nagog Par	rk Acton MA (11720						
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
SVE Star Ventures Enterprises GmbH	P. Co. No. IV E	·C						
Business or Residence Address		Street, City, State, Zip Co	ode)					
		•						
c/o Star Ventures Management, Possar Check Box(es) that Apply:	Promoter □	Munich Germany ■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)		Beneficial Owner	D Executive Officer	Director	Ocheral and of Managing Father			
Barel, Meir Business or Residence Address	(Number and	Street, City, State, Zip Co	vde)					
		•	,de)					
c/o Star Ventures Management, Possar								
Check Box(es) that Apply: Full Name (Last name first, if individual)	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
run Name (Last name mst, it morvidual)								
Hanigal Investments (1997) Ltd.								
Business or Residence Address	(Number and S	Street, City, State, Zip Co	ode)					
10 Yechiam Street, Ramat Hasharon, 4	7301 Israel							
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
San Fran Mosquito River LLC								
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Charles River Ventures, 1000 Winte	er Street, Suite	3300, Waltham, MA 02	451					
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Polaris Venture Partners IV, L.P.								
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)					
1000 Winter Street, Waltham, MA 024	157							
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
RRE Ventures III A, L.P.								
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)					
and the second s								
120 E. 56 th Street, New York, NY 1002 Check Box(es) that Apply:	Promoter □	= Banafisial Owner	D Enserting Officer	D.Dinaston	Consol and/or Managing Portuge			
Full Name (Last name first, if individual)	LI Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Court Square Optical, LP	(Number and	Street City State 7in C	oda)					
Business or Residence Address (Number and Street, City, State, Zip Code)								
c/o Court Square Ventures, Zero Court Square, Charlottesville, VA 22902								
Check Box(es) that Apply:	□ Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)								
Portview Communications Partners, L.								
Business or Residence Address	(Number and	Street, City, State, Zip C	ode)					
c/o Admiral Administration Ltd., P.O. Box 32021 SMB, Anchorage Center, 2 nd Floor, Grand Cayman, Cayman Islands, BWI								

	B. INFORMATION ABOUT OFFERING								
			Yes	No					
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								
	Answer also in Appendix, Column 2, if filing under ULOE.								
2.	What is the minimum investment that will be accepted from any individual?		\$ <u>n/a</u>						
			Yes	No					
	Does the offering permit joint ownership of a single unit?		=						
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								
Full N None	lame (Last name first, if individual)								
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)								
Name	of Associated Broker or Dealer								
States	in which Person Listed Has Solicited or Intends to Solicit Purchasers								
	(Check "All States" or check individual States)	🗆 🗡	All States						
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Full n	ame (Last name first, if individual)								
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)								
Name	of Associated Broker or Dealer								
States	in which Person Listed Has Solicited or Intends to Solicit Purchasers								
	(Check "All States" or check individual States)	🗆 ,	All States						
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	Jame (Last name first, if individual)								
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)								
Name	Name of Associated Broker or Dealer								
States	in which Person Listed Has Solicited or Intends to Solicit Purchasers								
	(Check "All States" or check individual States)	🗆 ,	All States						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Already Sold
	Type of Security		
	Debt	\$	\$
	Equity	\$ <u>10,000,000.84</u>	\$ <u>10,000,000.84</u>
	□ Common ■ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ <u>10,000,000.84</u>	\$ <u>10,000,000.84</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	18	\$ <u>10,000,000.84</u>
	Non-accredited Investors	The state of the s	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505	Type of Security	Dollar Amount Sold
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	•	\$ <u>20,000</u>
	Accounting Fees	0	\$
	Engineering Fees	0	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	•	\$ <u>20,000</u>

	b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer."					\$ <u>9,980,000.84</u>		
5.	5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.							
					Payments to Officers, Directors, & Affiliates		Payments To Others	
	Salaries and fees	,	***************************************	n	\$	0	\$	
	Purchase of real estate			ס	\$		\$	
	Purchase, rental or leasing and installation	n of machinery and e	quipment	O	\$	0	\$	
	Construction or leasing of plant building	s and facilities		ם	\$		s	
	Acquisition of other business (including	the value of securities	s involved in this offerin	ng				
	that may be used in exchange for the assomerger)			a.	\$	0	\$	
	Repayment of indebtedness	,	***************************************		s	0	\$	
	Working capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0	\$		\$ <u>9,980,000.84</u>	
	Other (specify):				s	0	\$	
				— 。	\$		s	
	Column Totals			=	s <u> </u>	•	\$ <u>9.980.000.84</u>	
	Total Payments Listed (column totals add	ied)			■ \$ <u>_2,</u> 5)80 <u>,000.84</u>	<u>L_</u>	
			h mondat stem	ATHE				
			D. FEDERAL SIGN	AT URE				
an u	issuer has duly caused this notice to be sig ndertaking by the issuer to furnish to the L accredited investor pursuant to paragraph	I.S. Securities and Ex						
Issue	er (Print or Type)	Signature	relita		Date			
Min	tera Corporation		the	.	July 20 , 2006			
Narr	e of Signer (Print or Type)	Title of Si	gner (Print or Type)				<u> </u>	
Tere	nce F. Unter	President	and Chief Executive C	Micer				
+			ATTENTION					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS